|  |    |                          |  |  |          |             |      |         | PATIENT'S DEPOSIT RECORD For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.   |   |           |             |  |  |  |
|--|----|--------------------------|--|--|----------|-------------|------|---------|--|---|-----------|-------------|--|--|--|
|  |    |                          |  |  |          |             |      |         | I have been informed that any funds or valuables in my possession<br>while a patient in this hospital are retained at my own risk and that I<br>may and should deposit same in the patient trust fund. |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         | I do 🔲 do not 📗 wish to make a deposit at this time.   |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         | Patient's signature (or witness's, if patient is unable to sign)   |   |           |             |  |  |  |
| PATIENT'S IDENTIFICATION (For plate imprint, typewriter or hand) |    |                          |  |  |          |             |      |         | FUNDS & VALUABLES RECEIVED IN FULL (Patient's or witness's signature and date)   |   |           |             |  |  |  |
|  |    |                          |  |  |          | NDS         |      |         |  |   |           |             |  |  |  |
| DA   | TE | DEPOSITS                 |  |  | WITHDRAN | WITHDRAWALS |      | BALANCE |  |   | SIGNATURE |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             | VALU | ABLE    | <u> </u>   |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         | DEPOSITS   |   |           | WITHDRAWALS |  |  |  |
| NUMBER   |    | DESCRIPTION OF VALUABLES |  |  |          | DATE        |      |         | SIGNATURE<br>(Custodian)   |   |           | DATE        | SIGNATURE (Patient or intermediate individual) |  |  |
|  |    |                          |  |  | -        |             |      |         |  | _ |           |             |  |  |  |
|  |    |                          |  |  |          | H           |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          | F           |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   | $\Box$    |             |  |  |  |
|  |    |                          |  |  |          | -           |      |         |  |   | $\dashv$  |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   | $\dashv$  |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   | -         |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   | $\dashv$  |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   | $\dashv$  |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   |           |             |  |  |  |
|  |    |                          |  |  |          |             |      |         |  |   | $\dashv$  |             |  |  |  |
|  |    |                          |  |  |          | -           |      |         |  |   | $\dashv$  |             |  |  |  |